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## PUBLIC BILL 6921

Thank you for the opportunity to address this committee regarding Bill 6921. The issue under discussion is one of personal and professional importance to me. I have built a thirty year career working with children experiencing emotional problems. I have been privileged to do this work in both the public and the private sector. I am here today to both support this important bill and to recommend a number of amendments to improve access and enhance the service delivery system that is "under construction" in this State. Since 2005 I have represented the Ct Association of School Based Health Centers as a voting member of the Behavioral Health Partnership Oversight Council and thus am quite familiar with the extraordinary efforts devoted to building the 'community based' sector of the children's mental health continuum of care.

This legislative session has identified the "health care" and 'education' needs of our citizens as priorities. At the School Based Health Centers we are acutely aware of the inseparable connection between health status and academic outcomes. Our job is to identify students who are 'at risk' of an emotional disturbance, help them access and engage in treatment so that serious emotional problems are prevented and a successful school experience is ensured.

On a daily basis we see children who are too depressed; too preoccupied with an interpersonal problem; too anxious to learn. Then there are the youth who are struggling with a substance abuse problem- maybe their own, maybe their parents'. And, yes let us not forget the bullies and the children whose behavior is so disruptive that they cannot be contained in their classroom and disrupt the learning environment of others. Where do these youth go? They go to the School Based mental health clinicians. If they are 'regular' education students, they are most likely to go to the school based health center staff for diagnosis and treatment. Most of our school personnel can barely keep up with the needs of the special education population in their building.

The provisions outlined in this bill are necessary; expanded availability of EMPS services in 'underserved' areas; increased funding to support existing community programs. But, we know that there is a capacity problem, that the need for child mental health services outstretches the resources in the community. And, we also know that there are many obstacles to accessing care in the community that are eliminated when the services are offered through the school based health centers. I am reminded of a young boy who refused to see a community provider because (as he told the SBHC social worker); "I don't want to talk to a stranger. I know you, I can talk to you". This is the crux of it. When child mental health is provided in the context of 'comprehensive' care where a relationship is developed, families and youth have a higher rate of 'accessing' and successfully completing their treatment."

The population of *seriously impaired youth is estimated to be about 9% nationally*. Today I am asking you to build a system of care that addresses the needs of all youth- not just the deeply

disturbed- but also those who are experiencing, mild to moderate disorders. Those students with mild to moderate disorders, when treated early and successfully are much less likely to develop a serious mental health problem later.

The facts are compelling:

- *21% of youth 9-17 experience the signs and symptoms of a mental health disorder in one year.*
- By age 13 those youth with a mental disorder that has not been treated will develop multiple disorders.
- It is estimated *that 20% of children who actually need mental health services receive them.* And of those who do 40-60% end treatment prematurely- most often attending 1-2 sessions.
- Of the youth who do receive treatment it is *estimated that 70-80% of this treatment is provided in the school!* For this reason the President's Freedom Commission and Surgeon General's reports identified the 'school' as the most logical portal of entry to the mental health service delivery system. This is the door through which all youth will pass.
- *Youth are 10 times more likely to pursue mental health counseling or substance abuse treatment when they have access to a **health center**.* And, because of this ease of access, reduced stigmatization, care coordination and 'relationship' with providers, compliance is greatly enhanced.
- *Despite the prevalence of mental health disorders in all communities, minority populations confront additional barriers to the care.* Nationally only 22% of mental health consumers are Black and 14% are Hispanic. Many of these barriers to utilization are eliminated in a school based health center setting. In Bridgeport, 46% of our consumers are Hispanic and 31% are Black.

The Behavioral Health Partnership is about 'growing' a service delivery system that is accessible, affordable and effective. The School Based Health Centers have been included and thus are eligible for payment of many of our services. But, not all.... The fee structures do not in any way promote our sustainability and least of all provide incentives for growth. It is clear that in order to remain vital, we must have the investment of State dollars toward our expansion and enhancement of our services- particularly mental health. The Comprehensive Connecticut model has always promoted mental health as equally important as physical health in our licensed centers.

I ask for the following:

1. Invest in our infrastructure so that we can develop our programs, improve our operations and enhance our linkages with community providers.
2. Facilitate the expansion of our fee for service options so that more of our services can be deemed "billable".
3. Develop a stream of funding that is dedicated to mental health prevention and promotion. We know how to educate our stakeholders so that the stigma associated with accessing mental health care is diminished.